

CLAIMS ONLY

Application Number

101670132

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/	/	/		
2		/	/	/		
3		/	/	/		
4		/	/	/		
5		/	/	/		
6		/	/	/		
7		/	/	/		
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47		/	/	/		
48		/	/	/		
49		/	/	/		
50		/	/	/		
Total Indep	1		1			
Total Depend	17		20			
Total Claims	18		21			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						